



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

MLI-06

First Named Inventor

T. Wade Fallin

**COMPLETE IF KNOWN**

Application Number

10/601,177

Filing Date

06/20/2003

Art Unit

Examiner Name

Daniel F. Justin

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method And Apparatus For Bone Plating

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.


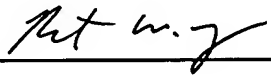
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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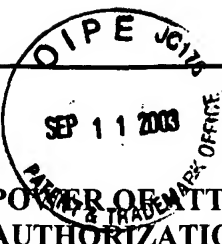
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label <input style="width: 150px;" type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Daniel F. Justin					
Name					
180 South 600 West					
Address					
Logan			Utah		84321
City			State		ZIP
USA		1-435-753-7675		435-753-7698	
Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name T. Wade (first and middle [if any])			Family Name Fallin or Surname		
Inventor's Signature 				Date Sep 8, 2003	
Hyde Park		Utah	USA	Yes	
Residence: City		State	Country	Citizenship	
Mailing Address 210 East 200 South					
Hyde Park		Utah	84318	USA	
City		State	ZIP	Country	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Robert W. (first and middle [if any])			Family Name Hoy or Surname		
Inventor's Signature 				Date 9/8/03	
Paradise		Utah	USA	Yes	
Residence: City		State	Country	Citizenship	
Mailing Address 86507 South 200 East					
Paradise		Utah	84328	US	
City		State	ZIP	Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

 <p><b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b></p>	Application Number	10/601,177
	Filing Date	06/20/2003
	First Name of Inventor	T. Wade Fallin
	Title	Method And Apparatus For Bone Plating
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	MLI-06

I hereby appoint:

☐ Practitioners at Customer Number \_\_\_\_\_  
OR

☒ Practitioner(s) named below:

Name	Registration Number
Daniel F. Justin	50144

As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.  
OR

☐ Practitioners at Customer Number \_\_\_\_\_  
OR

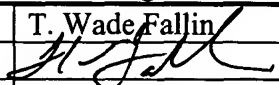
<input checked="" type="checkbox"/> Firm or Individual Name	Daniel F. Justin		
Address	MedicineLodge Inc.		
Address	180 South 600 West		
City	Logan	State	UT Zip 84321
Country	USA		
Telephone	(435) 753-7675	Fax	(435) 753-7698

I am the:

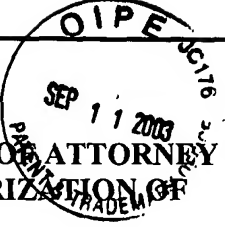
☒ Applicant/Inventor.

☐ Assignee of record of the entire interest.

**Signature of Applicant or Assignee of Record**

Name	T. Wade Fallin
Signature	
Date	SEP 8, 2003

☐ \* Total of 2 forms are submitted.

 <p><b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b></p>	Application Number	10/601,177
	Filing Date	06/20/2003
	Name of Inventor	Robert W. Hoy
	Title	Method And Apparatus For Bone Plating
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	MLI - 06

I hereby appoint:

☐ Practitioners at Customer Number \_\_\_\_\_  
OR

☒ Practitioner(s) named below:

Name	Registration Number
Daniel F. Justin	50144

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OR

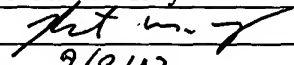
<input checked="" type="checkbox"/> Firm or Individual Name	Daniel F. Justin			
Address	180 South			
Address	600 West			
City	Logan	State	Utah	Zip 84321
Country	USA			
Telephone	435-753-7675	Fax	435-753-7698	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest.

(Signature of Applicant or Assignee of Record)

Name	Robert W. Hoy
Signature	
Date	9/8/03

☐ \* Total of 2 forms are submitted.